

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

North District
159 Cedar St, Suite 403
Sudbury, ON, P3E 6A5
Telephone: (800) 663-6965

Original Public Report

Report Issue Date: June 21, 2023	
Inspection Number: 2023-1362-0003	
Inspection Type: District Initiated	
Licensee: St. Joseph's General Hospital Elliot Lake	
Long Term Care Home and City: St. Joseph's Manor, Elliot Lake	
Lead Inspector Chad Camps (609)	Inspector Digital Signature

INSPECTION SUMMARY

The inspection occurred offsite on the following date(s): June 9 and 12, 2023. One intake was inspected related to the development of the home's required emergency plans.

The following **Inspection Protocols** were used during this inspection:

Safe and Secure Home

INSPECTION RESULTS

WRITTEN NOTIFICATION: Emergency Plans

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 268 (4) 2. ii.

The licensee has failed to ensure that the home's evacuation plans identified a safe evacuation location for which the licensee had obtained agreement in advance that residents, staff, students, volunteers and others could be evacuated to.

Rationale and Summary

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The home's evacuation plans failed to identify any safe evacuation location in the event the home had to evacuate the city.

The Administrator verified the home had not obtained an agreement, nor identified a safe evacuation location outside of the city.

The home's failure to secure a safe evacuation location outside of the city presented risk of harm to residents, staff, students, volunteers and others in the event of a citywide evacuation.

Sources: The home's policies titled "St Joseph's Manor Code Green Evacuation" last revised July 2022; "St Joseph's Manor Code Red Fire" last revised July 2022; "Evacuation Plan" no revision date; and interviews with the Administrator and other staff. [609]

WRITTEN NOTIFICATION: Emergency plans

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 268 (4) 2. iv.

The licensee has failed to ensure that the home's evacuation plans identified a plan to transport critical medication, supplies and equipment during an evacuation to the evacuation location.

Rationale and Summary

The home's evacuation plans failed to include a plan to transport critical medication, supplies and equipment during an evacuation to the evacuation location to ensure resident care and safety.

The Administrator verified that there were no written plans to transport medications, supplies and equipment in the case of an evacuation.

The home's failure to ensure that they had an identified plan to transport critical medication, supplies and equipment presented risk of harm to residents and others in the event of an evacuation.

Sources: The home's policies titled "St Joseph's Manor Code Green Evacuation" last revised July 2022; "St Joseph's Manor Code Red Fire" last revised July 2022; "Evacuation Plan" no revision date; Email request from the Administrator; and interviews with the Administrator and other staff. [609]

WRITTEN NOTIFICATION: Emergency plans

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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Non-compliance with: O. Reg. 246/22, s. 268 (4) 6.

The licensee has failed to ensure that evacuation plans for the home included a plan for food and fluid provision during an emergency.

Rationale and Summary

The home's evacuation plans failed to include a plan for food and fluid provision during an emergency.

The Environmental Services Manager (ESM) acknowledged that the home had no plan to provide food and fluid to residents once they were established at the safe evacuation location or locations.

The home's failure to have a plan for food and fluid provision presented risk to the residents once they were evacuated to a safe location.

Sources: The home's policies titled "St Joseph's Manor Code Green Evacuation" last revised July 2022; "St Joseph's Manor Code Red Fire" last revised July 2022; "Evacuation Plan" no revision date; and interviews with the ESM and other staff. [609]

COMPLIANCE ORDER CO #001 Emergency plans

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 268 (4) 2. iii.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee failed to comply with O. Reg s. 268 (4) 2. iii.

The licensee shall:

a) Conduct a documented review and revision of the home's written emergency plans to ensure that they contain the requirements set out in O. Reg 246/22, s. 268, including but not limited to:

i) A transportation plan with written agreements to move residents, staff, students, volunteers and others to the evacuation location(s) within and outside the city limits;

ii) An agreement for a safe evacuation location and/or locations so residents, staff, students, volunteers and others can be evacuated during a citywide evacuation;

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iii) A plan to transport critical medication, supplies and equipment during an evacuation to the evacuation location(s) to ensure resident safety; and

iv) A fully developed plan for food and fluid provision in an evacuation.

b) Ensure that all staff, volunteers, and students are trained on the home's emergency plans.

Grounds

The licensee has failed to ensure that the evacuation plans for the home included a transportation plan to move residents, staff, students, volunteers and others to the evacuation location.

Rationale and Summary

The home's evacuation plans failed to include a transportation plan to move residents and others to evacuation locations neither within, nor out of the city.

The home's failure to have a transportation plan in place presented high risk of harm to residents, staff, students, volunteers and others in the event of an evacuation and especially a citywide evacuation.

Sources: The home's policies titled "St Joseph's Manor Code Green Evacuation" last revised July 2022; "St Joseph's Manor Code Red Fire" last revised July 2022; "Evacuation Plan" no revision date; and interviews with the Administrator and other staff. [609]

This order must be complied with by July 14, 2023

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REVIEW/APPEAL INFORMATION

TAKE NOTICE

The licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

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If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.